

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000003796

FILED
Mar 19, 2009
Secretary of State

Entity Name: SEAMLESS INNOVATIONS, LLC

Current Principal Place of Business:

100 SOUTH ASHLEY DRIVE
1780
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

100 SOUTH ASHLEY DRIVE
1780
TAMPA, FL 33602 US

New Mailing Address:

FEI Number: 27-0002779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZEIN-SARDOUK, JAMAL S
11216 CREEK HAVEN DRIVE
RIVERVIEW, FL 33569 US

Name and Address of New Registered Agent:

ZEIN-SARDOUK, JAMAL S
100 SOUTH ASHLEY DRIVE
1780
TAMPA, FL 33602 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JAMAL S. ZEIN-SARDOUK

03/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ZEIN-SARDOUK, JAMAL S
Address: 11216 CREEK HAVEN DR.
City-St-Zip: RIVERVIEW, FL 33569

Title: MGR () Delete
Name: SARDOUK, KHALED M
Address: 11216 CREEK HAVEN DRIVE
City-St-Zip: RIVERVIEW, FL 33569

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ZEIN-SARDOUK, JAMAL S
Address: 100 SOUTH ASHLEY DRIVE SUITE 1780
City-St-Zip: TAMPA, FL 33602

Title: MGR (X) Change () Addition
Name: SARDOUK, KHALED M
Address: 100 SOUTH ASHLEY DRIVE SUITE 1780
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KHALED SARDOUK

MGR

03/19/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date